SAC 240 (Rev. Case 2:07-cv-00362-MHT-TFM	Document 2	Eilod 04/20/2007	Dago 1 of 3
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CACIFAC (NOV. FORE)			

UNITED STATES DISTRICT COURT

	Middle	District	of	Alabama 🔁	
M	URK TAY/OR Plaintiff V.	,		TO PROCEED IN LEPAYMENT OF SEBRA U.S. MIDDI	NPR 30 A 9: 3 A P. HACKETT, CL DISTRICT COURT LE DISTRICT ALA
II.	Charl AllEM & Defendant		CASE NUMBER:	2:07 cv 3(e	2-MHT
I,	Mark TAYlox	205567	declare that I a	m the (check appropria	te box)
X D	etitioner/plaintiff/movant	☐ other			
unde sous	er 28 USC §1915 I declare t ght in the complaint/petitio	ng; that in support of my received hat I am unable to pay the con/motion.	osts of these proce	edings and that I am one	ees or costs itled to the relief
In sı	upport of this application, l	answer the following ques		ty of perjury:	2 (2)
1.	Are you currently incarce	rated? Yes	□No	(If "No," go to I	
	If "Yes," state the place o	f your incarceration <u>G</u> .	K. Fountain	CORR. CENTE	7
	Are you employed at the	institution? VES Do	you receive any p	ayment from the institu	tion? <i>NO</i>
	Attach a ledger sheet from transactions.	n the institution(s) of your i	ncarceration show	ving at least the past six	months'
2.	Are you currently employ	ved? 🕱 Yes	□ No		* -
۷.	a If the answer is "Yes,	"state the amount of your to employer. NONE	ike-home salary o	wages and pay period a	nd give the name
	b. If the answer is "No," and pay period and t	" state the date of your last e he name and address of you	mployment, the a	nount of your take-hom	e salary or wages
3.	In the past 12 twelve mor	nths have you received any	money from any	of the following source	s?
J.	 a. Business, profession b. Rent payments, interest c. Pensions, annuities d. Disability or worker e. Gifts or inheritances f. Any other sources 	n or other self-employment rest or dividends or life insurance payments is compensation payments	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	No No No No No No	
	If the answer to any of th	e above is "Yes," describe,	on the rocality	pase, caon boured or mic	

amount received and what you expect you will continue to receive.

If "Yes," state the total amount. 5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? If "Yes," describe the property and state its value. 6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. I declare under penalty of perjury that the above information is true and correct.	4.	Do you have any cash or checking or savings accounts?	☐ Yes	No	
thing of value? If "Yes," describe the property and state its value. MA 6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.					\$
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.	5.	Do you own any real estate, stocks, bonds, securities, other thing of value? Yes	financial instrum	ents, automobiles or any	other
how much you contribute to their support. A A A		If "Yes," describe the property and state its value.			
how much you contribute to their support. A A A		N/A			
I declare under penalty of perjury that the above information is true and correct. Work June 1 2055 67	6.	List the persons who are dependent on you for support, stat how much you contribute to their support.	e your relationsh	ip to each person and ind	icate
I declare under penalty of perjury that the above information is true and correct. Mark Judes ** 205569		MA			
I declare under penalty of perjury that the above information is true and correct. Mark Judes # 305567					r
Mark Janlar # 205567	Ιd	leclare under penalty of perjury that the above information is	true and correct.		
Mark Janlar # 205567				e e e	
Date Signature of Applicant	Ľ	Minlon Mark laylor \$ 205	Signature of Application	ant	

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS FOUNTAIN CORRECTIONAL CENTER

AIS #: 205567 NAME: TAYLOR, MARK

AS OF: 04/20/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS	
APR	10	\$0.00	\$0.00	
MAY	31	\$0.00	\$0.00	
JUN	30	\$0.00	\$0.00	
JUL	31	\$0.00	\$0.00	
AUG	31	\$0.00	\$0 . 00	
SEP	30	\$6 . 95	\$80.07	
OCT	31	\$3.69	\$25.00	
NOV	30	\$26.42	\$125.00	
DEC	31	\$5.95	\$55.00	
JAN	31	\$12.42	\$100.00	
FEB	28	\$26.33	\$40.00	
MAR	31	\$14.40	\$105.00	
APR	20	\$15.93	\$100.00	
Average 12 months				
balance	3	\$9.34	\$52.50	

Valeria Spates, PMOD Clerk

STATE OF ALABAMA, ESCAMBIA COUNTY, SWORN TO AND SUBSCRIBED BEFORE ME THIS 20TH DAY OF APRIL 2007.

Notary Public